Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

015-**5651**

BILLING COPY

STATE DEPARTMEN			SFUND RECORDS CTR
			HAULER OF WASTE (Must be filled by hauler) 999000558
Name ACOa			ASBURY OIL CO.
Pick up Address: (NUMBER) (STREET) (CITY)			13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 0 - 7 - 7
Telephone Number: (Phone: (213) 321-1392 Pick Up:
Order Placed By:			State Liquid Waste Hauler's Registration No. (if applicable):
1 <u>-</u>			Job No.: No. of Loads or Trips: Unit No.
which Produced Wastes: UYN OVY			Vehicle: 1 vacuum truck 40 barrels, 🗆 flatbed, 🗆 other
(Examples: metal plating, equipment cleaning, oil drilling — CODE NO. wastewater treatment, pickling bath, petroleum refining)			(SPECIFY)
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes:			I certify (or declare) under penalty of perjury
1. Acid solution	· 6. 🗌 Tetraethyl lead sludge	11. Contaminated soil and sand	that the foregoing is true and correct.
2. Alkaline solution	7. Chemical toilet wastes	12. Cannery waste	DISPOSER OF WASTE (Must be filled by disposer)
3. Pesticides	8. Tank bottom sediment	13. Latex waste	
4. Paint sludge	9. 🗆 Oii	14. Mud and water	Name (print or type):
5. Solvent	10. Drilling mud	15. 🗆 Brine	Site Address: // waller
Other (Specify)			The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and
Components: (Examples: Hydrochloric acid, lime, caustic soda, Concentration:			local restrictions.
phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)			Quantity measured at site (if applicable):State fee (if any):
1			Handling Method(s):
To rec			☐ recovery
			treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.
			(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.
4			Other (specify):
5			If waste is held for disposal elsewhere specify final location:
			Disposal Date: 3-3-77
Hazardous Properties of Waste:			
			I certify (or declare) under penalty of perjury that the foregoing is true and correct.
1 a			SIGNATURE OF AUTHORIZED AGENY AND TITLE
Bulk Volume:	Gal Cons Y	barrels (42 gal.)' other (SPECIFY)	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: [NUMBER]	drums 🗆 cartons 🖸	bags other	
Physical State:	solid V liquid	sludge other specify	
0	***	[SPECIFY]	
Special Handling Instructions (it any):		
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).			
Licertify (or declare) under pen	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING		
that the foregoing is true and c		V. la O	HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
AUTHORIZED ACENT AND TITLE D.O.T. Proper Shipping Name			